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Medical22872 Avenida Empresa,
Rancho Santa Margarita, CA 92688
(949) 713-8000, Ext 8450

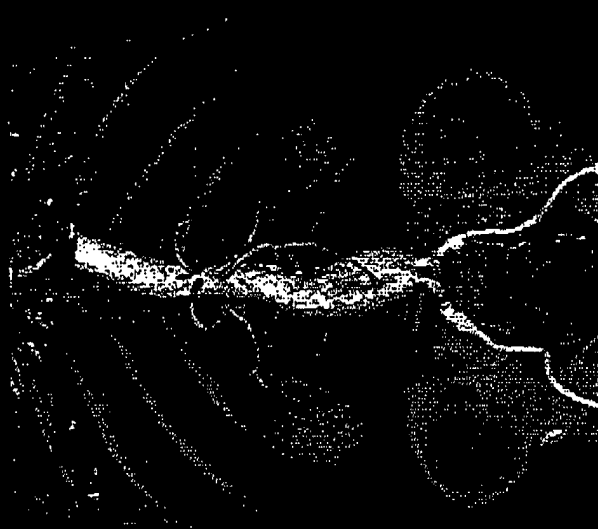
To: Examiner Timothy Neal From: Cindy Bonner
Fax: 571.273.8300 Fax: (949) 713-8206
Date: February 22, 2008
Re: 10,053,053 Pages: 26 including cover
☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

Please see attached regarding the interview
on Tuesday, February 26 at 10:00 a.m.
Thank you.

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A Novel Modality to AAA Repair

February 2008



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Today's Technologies

Laparoscopic Placement
of non-stented
endoprosthesis

Endoluminal
Treatment

Easy procedure
Patient acceptance
Low physiologic
insult

Minimally
invasive
device
percutaneous
interventional follow-up

Gold Standard
&
Cure Disease

Significant
morbidity and
mortality

Open aneurysm
Resection

Mimicks repair
of "Gold Standard"
Recovery time
Control of anatomy

Laparoscopic
Aneurysm
Repair

Technically difficult
Long operative time
Healing time may
be prohibitive

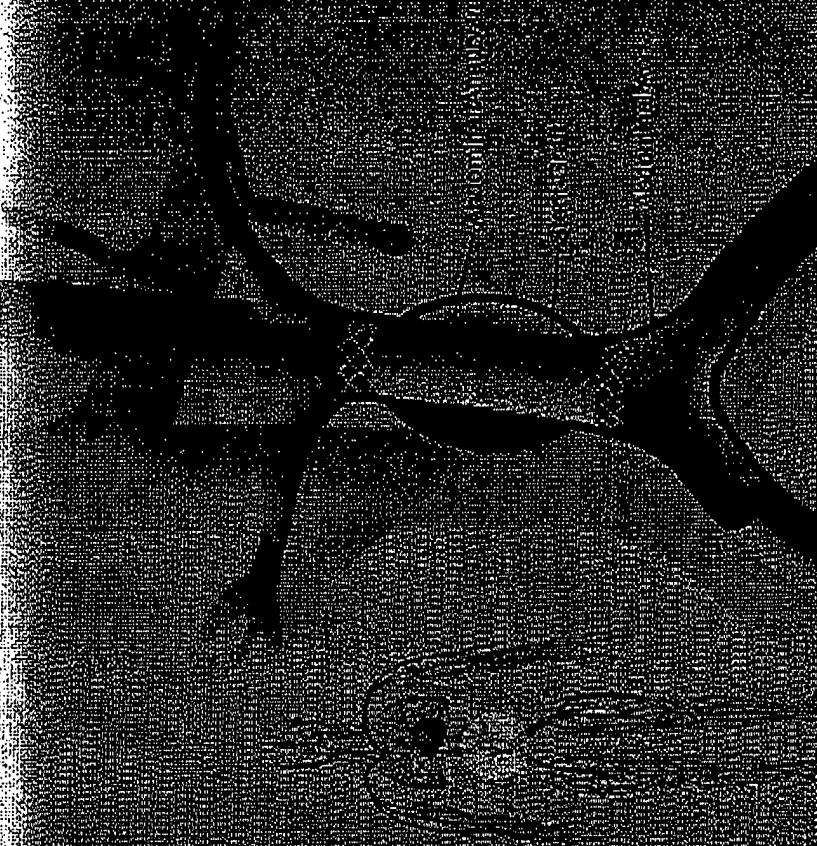
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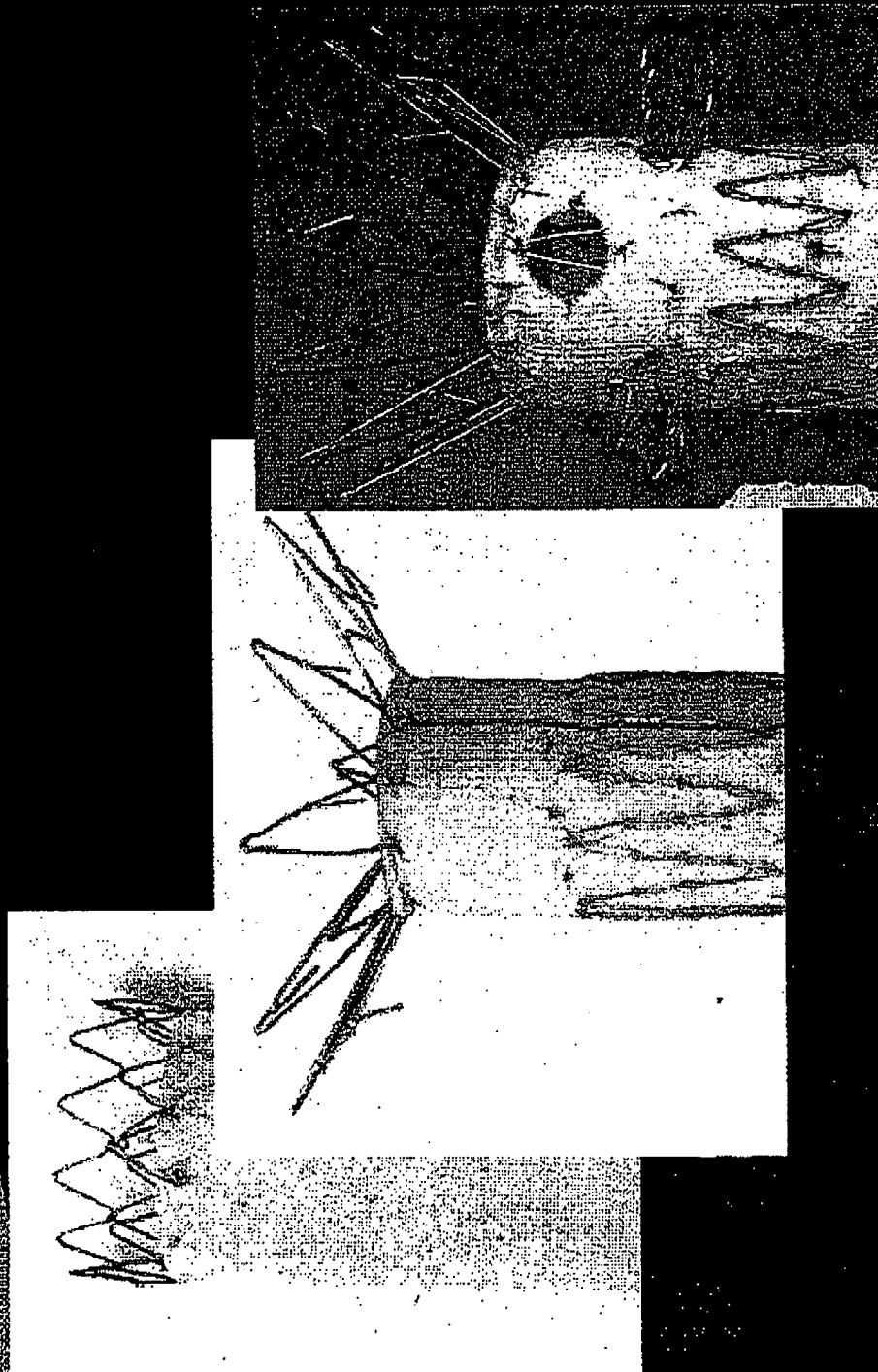
Endoluminal Treatment

- Least Invasive, but:
 - Not robust
 - Real exclusion limited
 - Migration
 - Leaking graft and graft failure
 - Intact lumbar arteries are problematic

Abdominal Aortic Aneurysm (AAA) Endovascular Repair (EVAR)



EVAR Stent-graft Failure



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Open Surgical Treatment

- Robust repair, but:
 - High mortality
 - High morbidity
 - High blood loss
 - Long clamping time
 - Long recovery

Abdominal Aortic Aneurysm (AAA) Open Surgical Repair



Laparoscopic Treatment

Abdominal Aortic Aneurysm (AAA) Open Surgical Repair

- Results of open repair with morbidity of minimally invasive surgery, but:
 - Confined to a few
 - Anastomoses are technically
 - Increased clamping time
 - Increased blood loss.
 - 30% conversion rate



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A Better Way



The New Modality

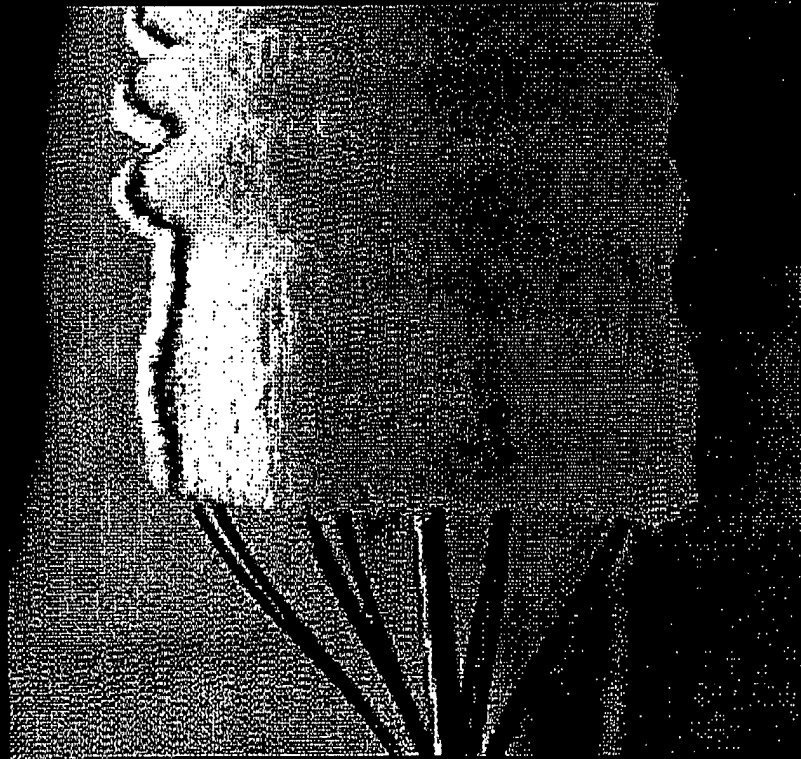
- Adherence to the principle that tube and bifurcated grafts require transmural fixation
- Specific elimination of lumbar arteries
- Reduce blood loss and risks associated with totally laparoscopic aneurysm repair
- Extend the technical applicability of the procedure to a greater breadth of surgeons
- Simplify and reduce the cost of the prosthesis



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Temporary Expandable Stent

- Provides counter pressure for anastomosis
- Variably expandable for different anastomotic locations
- Lack of permanent stent framework maintains integrity



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Temporary Scaffolding Device

Temporary Scaffolding Device

Endograft wear holes
due to graft/suture/
metal interaction
(metal to fabric)

Kinking of graft limbs
due to migration of
the endograft



Temporary Scaffolding Device

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Temporary Scaffolding Device

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Temporary Scaffolding Device

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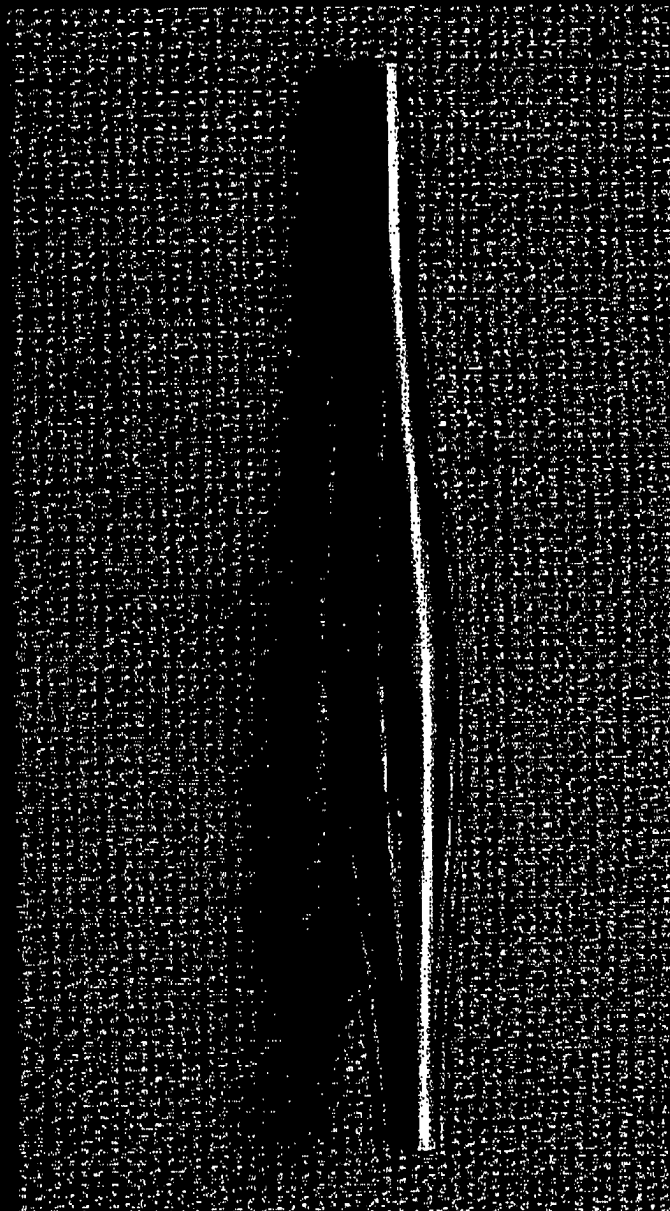


Temporary Scaffolding Device

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Temporary Scaffolding Device



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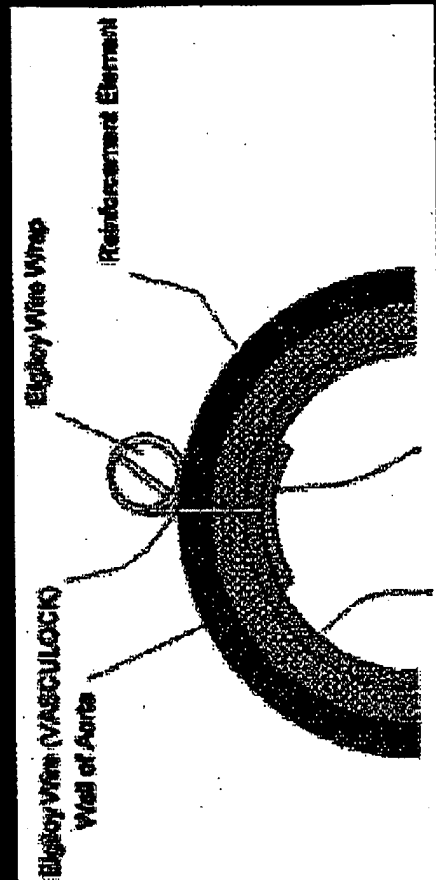
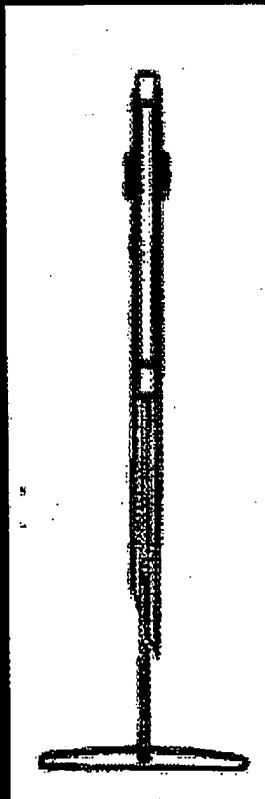
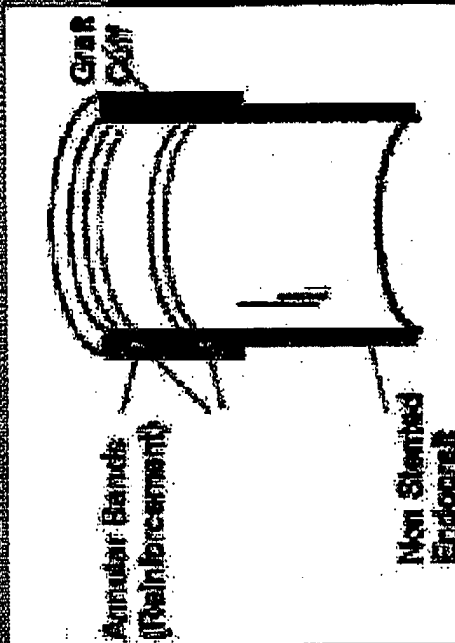
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Anastomosis Device

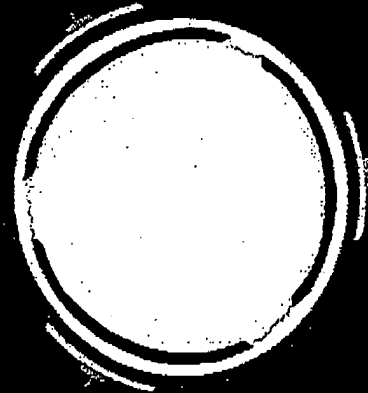
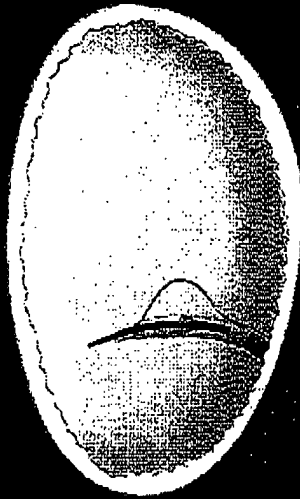


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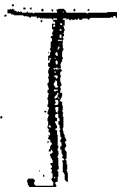


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Transmural graft fixation



T-fastener



Delivery needle



Reference
for size #15
scalpel



Conclusion

- Adherence to the principle that tube and bifurcated grafts require transmural fixation
- Specific elimination of lumbar arteries
- Reduce blood loss and risks associated with totally laparoscopic aneurysm repair
- Extend the technical applicability of the procedure to a greater breadth of surgeons
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Thank you

